Approved for use through 7/31/2006. OMB 0651-0032
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g a collection of information unless it displayed as 15 feb.

Г	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number										
	Substitute for Form PTO-875										
	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	FOR NUMBER FIL		BER FILE	NUME	IER EXTRA	RATE	FEE	1	RATE	FEE	
(3	ASIC FEE 7 CFR 1.16(a))					\$			\$		
(OTAL CLAIMS 37 CFR 1.16(c))		mlnus 2	20 = .		XS		OR	× \$=		
0	NDEPENDENT CLA 37 CFR 1.16(b))	IMS	mlnus	3-		x \$=		QR	× \$=		
٨	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$=		OR	+ \$		
.	If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											
1	(Column 1)			(Column 2)	(Column 2) (Column 3)			OR		THAN	
AMENDEVENTA	* d 11	CLAIMS	-	HIGHEST	1	SMALL	T	1 .	SMALL	ENTITY	
	5/9/6	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	(37 CFR 1.16(c))	1 44	ivilinus	3	13	x \$=		OR	x \$ 50 =	650.00	
	(37 CFR 1.16(b))		Minus	<u> </u>	=2	x \$=		OR	× s <u>200</u> =	400,00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+\$=		
	(1) (1) (1) (1) (1)							OR	TOTAL ADD'L FEE	(02000)	
AMENDMENTB				(Column 2)	(Column 3)		· · · · · · · · · · · · · · · · · · ·	, ,			
		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.18(c))	•	Minus		=	x \$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Mlnus	***	=	x \$=		OR	x \$=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		oR	+ \$=		
						TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE		
	-	(Column 1)		(Column 2)	(Column 3)			_			
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=	,	OR	x \$ =		
AMENDMENT	Independent (37 CFR 1.16(b))		Minus	•••	=	× \$=		OR OR	× \$ =		
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+ s =		
						TOTAL ADD'L FEE		OR L	TOTAL ADD'L FEE		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Splicants

Alan J. Lang et al.

Appl. No.

10/705,548

Filed

November 10, 2003

For

MULTI-ZONAL

MONOFOCAL

INTRAOCULAR LENS FOR CORRECTING

OPTICAL ABERRATIONS

• Examiner

David A Izquierdo

Group Art Unit

3738

Preliminary Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicant respectfully submits the following new claim for consideration by the Examiner.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

By:

Respectfully submitted, Advanced Medical Optics

Dated: May 9, 2006

David Weber

Registration No. 51,149

Agent of Record Customer No. 33357 (714) 247-8232



REQUEST FOR CONTINUED EXAMINATION (RCE) **UNDER 37 C.F.R. § 1.114**

CERTIFICATE OF MAILING

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 I hereby certify that on February 13, 2006, this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450:

Application Number:

10/705.548

Filing Date:

November 10, 2003

First Named Inventor:

Alan J. Lang

Group Art Unit:

3738

Examiner Name:

Hieu Phan

This is a Request for Continued Examination (RCE) under C.F.R. §1.114 of the above-identified application.

- Submission Required Under 27 C.F.R. §1.114: 1.
 - (X) Enclosed:
 - (X) Response to Office Action Mailed on December 13, 2005.
 - (X) Information Disclosure Statement.
 - (X) Form PTO-1449 listing ten (10) U.S. patent references.
 - (X) Return postcard.
- 2.
 - (X) RCE fee (790.00)
- 3. Method of Payment of Fees

Charge Account No. 502317 in the amount of \$790.00.

4. Authorization to Charge Additional Fees

The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §1.16 and §1.17 which may be required, now or in the future, or credit any over payment to Deposit Account No. 502317. A duplicate copy of this sheet is enclosed.

Address all future communications to Customer No. 33357.

Date: February 13, 2006

02/16/2006 SFELEKE1 00000003 502317

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790.00 DA

David Weber Agent of Record

Registration No. 51,149 Customer No. 33357

714.247.8232

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